

Idaho Motor Carrier Application - IFTA only (IMC-2)

Mail to: Idaho State Tax Commission PO Box 36 Boise, Idaho 83722 Phone: (208)334-7834 (800)972-7660	<input style="width: 100%;" type="text"/>	Amount Paid	<input style="width: 100%;" type="text"/>	Permit	<input style="width: 100%;" type="text"/>	Name Control
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1. Legal business name (See instructions)			2. Assumed business name (DBA) (must match truck registration)			
3. Federal employer identification number (EIN)			3a. Social security number (SSN)		4. U.S. DOT Number	
5. Type of <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company - Corporation Business entity <input type="checkbox"/> Nonprofit <input type="checkbox"/> Government <input type="checkbox"/> Fiduciary <input type="checkbox"/> Limited Liability Company - Partnership						
6. Type of license <input checked="" type="checkbox"/> IFTA (International Fuel Tax Agreement)					7. Highest GVW	
8. Business Location	Street address	City	State	Zip code	Location telephone number ()	
9. Business mailing address	Street address or PO Box	City	State	Zip code		
10. Mailing address for report forms	Street address or PO Box	City	State	Zip code	Telephone number ()	
11. Contact person				Telephone number ()	FAX telephone number ()	
12. Answer all of the following questions						
In which jurisdiction is this fleet registered?			In which month does your tax year end?			
When did trucking operations begin in Idaho?			Do you have bulk storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
Did you previously have any fuel tax accounts in Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list ALL licenses or account numbers.						
Was this an existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list previous business and owner's name.						
What is the primary nature of this business? (What product/service, i.e., logging, farming, common carrier, etc.)						
Have you ever been licensed in another IFTA jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list these jurisdictions _____						
If yes, is your IFTA license currently suspended or revoked in that jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No _____						

FEES - Idaho State Tax Commission

INTERNATIONAL FUEL TAX AGREEMENT LICENSE

13. Number of qualified motor vehicles in this fleet	_____
14. Fee for new application	\$ 10.00
15. Decals needed (2 required per vehicle) _____ Decals at \$.30 each	\$ _____
16. IFTA Fees (add lines 14 and 15) \$ _____

17. List (a) owner, spouse, (b) partners, or (c) corporate officers. (Use additional sheet if necessary.)		
Name	Address of Residence	Social Security Number

CERTIFICATION: I certify that I am authorized as an owner, partner, corporate officer or representative to sign this document and that the statements made are correct to the best of my knowledge. I agree to comply with reporting payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement. I further agree that Idaho may withhold any refunds due if I am delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the license in all member jurisdictions. I agree, under penalty of perjury, that the information given on the IFTA application is, to the best of my knowledge, true, accurate and complete.

PRINT NAME:	Date
Signature:	Title

Idaho Motor Carrier Application - IFTA only (IMC-2) INSTRUCTIONS

You must complete the Idaho Motor Carrier Application (IMC-2) if you:

- are based in Idaho, and
- operate a motor vehicle over 26,000 pounds gross vehicle weight (GVW), and
- drive on Idaho highways and in at least one other IFTA jurisdiction.

1. List the legal name of the business. If the business is owned by an individual, the legal name is the owner's name.

2. List the assumed business name (dba), if different than the legal business name. (i.e., Joe Smith - dba Joe Smith Trucking.)

3. List your federal Employer Identification Number (EIN). If you have a motor vehicle with a gross vehicle weight of 55,000 lbs. or more, you must have an EIN. If you do not have an EIN and are not required to have one, leave this box blank.

3a. If you own the business as an individual, do not have employees, and do not have a highway motor vehicle with a gross vehicle weight of 55,000 lbs. or more, enter your Social Security Number (SSN).

4. Enter your DOT number (call FMCSA at 208-334-1842)

5. Mark the item that describes the type of business entity making application.

6. There is only one option, which is already marked on form.

7. Enter the highest gross vehicle weight at which your trucks will operate.

8. List the business's physical location in Idaho and the telephone number at the physical location.

9. If you wish to have a separate mailing address for your business, list that here.

10. If you wish to have the report forms mailed to an address different than the one listed on line 11 (accountant's address or reporting service), list that address and telephone number here.

11. List the name, telephone number, and fax number of the person we should contact if we have questions about this application.

12. Answer all of the questions in the boxes.

13-16. Fees - complete the fee calculation.

17. List the appropriate information:

If you marked sole proprietor on line 5, list the individual and the individual's spouse's name, address, and Social Security Number. If there are more than three officers, attach an extra page.

18. Mark the jurisdiction(s) in which you travel, in the section below. **This section must be completed.**

- | | |
|--|---|
| <input type="checkbox"/> All Jurisdictions | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> New York |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> North Dakota |
| <input type="checkbox"/> California | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> D.C. | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Florida | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Maine | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Massachusetts | CANADIAN PROVINCES |
| <input type="checkbox"/> Michigan | <input type="checkbox"/> Alberta |
| <input type="checkbox"/> Minnesota | <input type="checkbox"/> British Columbia |
| <input type="checkbox"/> Mississippi | <input type="checkbox"/> Manitoba |
| <input type="checkbox"/> Missouri | <input type="checkbox"/> New Brunswick |
| <input type="checkbox"/> Montana | <input type="checkbox"/> Newfoundland |
| <input type="checkbox"/> Nebraska | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> Ontario <input type="checkbox"/> Prince Edward Is. |
| <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Quebec <input type="checkbox"/> Saskatchewan |

Definitions

BULK STORAGE - Any fuel storage tank other than the fuel supply tanks of your motor vehicles or unlicensed equipment.

DECALS - You are required to have a decal on each side of the truck if you operate under IFTA. It is recommended that you have a spare set of decals in case a decal is accidentally destroyed.

FLEET - One or more qualified motor vehicles you will operate under this license.

HIGHWAY MOTOR VEHICLE - Any motor vehicle that is propelled by its own motor and is designed to carry a load over public highways.

IFTA - International Fuel Tax Agreement

IRP - International Registration Plan

JURISDICTION - A state of the United States, the District of Columbia, or a province or territory of Canada.

QUALIFIED MOTOR VEHICLE - Motor vehicles with a gross vehicle weight over 26,000 lbs or having three or more axles. Recreational vehicles such as motorhomes or pickups with campers are not qualified motor vehicles.